

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/586064

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5		1				
6						
7		1				
8						
9		1				
10	1					
11	1					
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	8	↓				
TOTAL CLAIMS	11	↓	↓	↓	↓	↓

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↓				
TOTAL CLAIMS		↓	↓	↓	↓	↓